

Foster Family Home - Corrective Action Report

Provider ID: 1-170091

Home Name: Marianne Cacatian, CNA

Review ID: 1-170091-2

2421 Notley Street

Reviewer: Angelica Galindo

Honolulu

HI 96819

Begin Date: 12/10/2018

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 12/10/18. Corrective Action Report issued during home visit with all items due to CTA by 1/10/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8) - Blood borne pathogen lapsed for CG#2: was due on/before 7/25/2018, no current training in home folder, expired 7/25/2017.

41.(c) - No 8 hours in-service training present for CG#2 for 2018 in home folder.

Foster Family Home Fire Safety [17-1454-45]

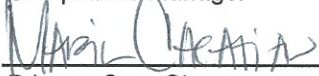
45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

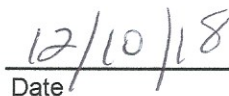
45.(a) - No proof of Fire drill in home folder conducted for the month of November, 2018.

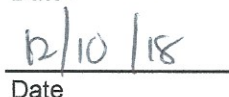


Compliance Manager



Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: MARIANNE M. CACATIAN
CCFFH Address: 2421 NOTLEY ST. HONOLULU HI 96819

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------|--|
| 41.(b)(8) | BLOOD BORNE PATHOGEN & INFECTION CONTROL LAPSED FOR CG#2. IT WAS OBTAINED ON 12/18/18 & PLACED IN CTA BINDER. | 12/18/18 | IN THE FUTURE, CG#1 WILL ARRANGE USING A WALL CALENDAR 2 MONTHS ADVANCED PRIOR TO EXPIRING DATE. |
| 41.(c) | CG#2 HAS TAKEN 8 HOURS ON INSERVICE TRAINING FOR 2018 ON 12/18/18 & DOCUMENTS IS PLACED IN CTA BINDER. | 12/18/18 | IN FUTURE, CG#1 WILL ARRANGED USING A WALL CALENDAR. |
| 41.(c) | CG#1 GOT COPY OF 12 HOUR INSERVICED FROM JOB & PLACED DOCUMENTS IN CTA BINDER. | 12/18/18 | IN FUTURE CG#1 WILL ATTEND EVERY ASSIGNED INSERVICE AT WORK SO CG#1 WON'T HAVE ANY MISSING DAY. |
| 45.(a) | FIVE PAID DOCUMENTS FOR 11/2018 OBTAINED & PLACED IN CTA BINDER | 12/10/18 | IN FUTURE PCG WILL ARRANGE & SCHEDULE 2 MONTHS ADVANCED USING WALL CALENDAR. WILL ALL CG. |

Primary Caregiver's Signature: Mari CACATIAN

Print Name: MARIANNE CACATIAN Date of Signature: 01/09/2019